October 7, 2013

CDPH BREACH/INCIDENT REPORTING FORM

SECTION A: CONTACT INFORMATION			
REPORTED BY:	**PROGRAM:**		**DATE REPORTED:**
TITLE:		**TELEPHONE:**	
ALTERNATE CONTACT:		**EMAIL:**	

SECTION B: IDENTIFYING DETAILS WHEN APPLICABLE	
MAKE/MODEL:	**SERIAL NUMBER:**
STATE TAG NUMBER:	**COMPUTER NAME:**
WAS CONFIDENTIAL DATA INVOLVED, IF SO DESCRIBE:	
WAS DATA ENCRYPTED, DESCRIBE:	
ESTIMATED VALUE OF THE COMPUTING DEVICE:	

SECTION C: INCIDENT DETAILS
DATE AND TIME OF INCIDENT:
TYPE OF MEDIA: ☐ ELECTRONIC ☐ PAPER
TYPE OF DEVICE: ☐ PC ☐ LAPTOP ☐ BLACKBERRY/PDA ☐ CELL PHONE ☐ OTHER (DVD/CD/UFD)
CLASSIFICATION OF DATA: ☐ CONFIDENTIAL ☐ SENSITIVE ☐ PERSONAL ☐ N/A (explain below)
TYPE OF INCIDENT: ☐ THEFT ☐ LOSS ☐ DAMAGE ☐ DESTRUCTION ☐ MISUSE ☐ UNAUTHORIZED MODIFICATION / RELEASE OF INFORMATION (complete Sections B, D, E)
DESCRIPTION OF INCIDENT:
INDIVIDUALS (BENEFICIARIES/EMPLOYEES/CONTRACTORS/ETC.) INVOLVED/AFFECTED BY INCIDENT:
PROGRAM AREA(S) INVOLVED WITH INCIDENT:
WERE STATE EMPLOYEES INVOLVED: ☐ Yes ☐ No
LOCATION/ADDRESS OF INCIDENT:
INCIDENT REPORTED TO (CHP, LAPD, ETC.):
POLICE REPORT NUMBER:
HAVE THOSE RESPONSIBLE FOR THE INCIDENT BEEN IDENTIFIED?: ☐ Yes ☐ No ☐ N/A
IMPACT OF INCIDENT:

ENTAC CONTACTED: ☐ Yes ☐ No	**INCIDENT #**	**OFFICER NAMES:**
ESTIMATED COST OF INCIDENT:		

SECTION D: CORRECTIVE ACTIONS

ACTIONS TAKEN TO PREVENT RECURRENCE:

ADDITIONAL RECOMMENDED ACTIONS:

ESTIMATED COST OF CORRECTIVE ACTION: $

SECTION E: REPORTING SOURCE/ISO SIGNATURE

PREPARER NAME:	TITLE:	TELEPHONE:
ISO SIGNATURE		**DATE REPORTED:**